

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 — 0 0 1 A

2. STATE:

Puerto Rico

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

August 13, 2003

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 440 subpart B, sections 1902(a) and (e)  
1905 (a), (P), 1915, 1920 and 1925 of the Act.

7. FEDERAL BUDGET IMPACT:

a. FFY \_\_\_\_\_ \$ \_\_\_\_\_  
b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachments 3.1-A, pages 1 through 13 and  
descriptions; Attachment 3.1B, pages 1 through 3  
and descriptions.9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachments 3.1-A and 3.1-B

\*\* SEE REMARKS

*Puerto Rico (03-001A)*  
*Approved: 03/05/04*  
*Effective: 08/13/03*

10. SUBJECT OF AMENDMENT:

Amount, duration and scope of medical and remedial services offered to  
the categorically and the medically needy.

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
- 
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- 
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Not submitted to the Governor's Office.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Johnny Rullán, MD, FACPM

14. TITLE:

Secretary of Health

15. DATE SUBMITTED:

September 26, 2003

16. RETURN TO:

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

03-05-04

19. EFFECTIVE DATE OF APPROVED MATERIAL:

08-13-03

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Sue Kelly

22. TITLE: Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

Corrected SPA Number 03-001A

The following pages submitted in Puerto Rico's letters of 1/27/04 and 2/27/04  
are being substituted for originally submitted pages: Attachment 3.1A pages 1-10,  
Description for Attachment 3.1A pages 1-13, Attachment 3.1B pages 1-10, Description  
3.1B pages 1-13.

**OFFICIAL**

ATTACHMENT 3.1-A  
Page 1

State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.
- X   Provided             No limitations        X   With limitations\*
- 2.a. Outpatient hospital services.
- X   Provided             No limitations        X   With limitations\*
- 2.b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.
- X   Provided             No limitations        X   With limitations\*
- 2.c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).
- X   Provided             No limitations        X   With limitations\*
- 2.d. Ambulatory services offered by a health center receiving funds under section 329, 330, or 340 of the Public Health Services Act to a pregnant woman or individual under 18 years of age.
- X   Provided             No limitations        X   With limitations\*
3. Other laboratory and x-ray services.
- X   Provided             No limitations        X   With limitations\*

\*Description provided on attachment.

TN No. 03-001A  
Supersedes 92-2 Approval Date MAR 05 2004 Effective Date AUG 13 2003  
TN No. 92-2

OFFICIAL

State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
- Provided             No limitations             With limitations\*  
  X   Not Provided
- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.
- X   Provided        X   No limitations             With limitations\*
- 4.c. Family planning services and supplies for individuals of child-bearing age.
- X   Provided             No limitations        X   With limitations\*
- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.
- X   Provided             No limitations        X   With limitations\*
- 5.b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).
- X   Provided             No limitations        X   With limitations\*
6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' services
- X   Provided             No limitations        X   With limitations\*  
       Not Provided

\*Description provided on attachment.

TN No. 03-001A  
Supersedes 93-5 Approval Date MAR 05 2004 Effective Date AUG 13 2003  
TN No. 93-5

OFFICIAL

State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services

☒ Provided ☐ No limitations ☒ With limitations\*  
☐ Not Provided

c. Chiropractors' services

☐ Provided ☐ No limitations ☐ With limitations\*  
☒ Not Provided

d. Other practitioners' services

☒ Provided ☐ No limitations ☒ With limitations\*

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

☐ Provided ☐ No limitations ☐ With limitations\*  
☒ Not Provided under the PRHIA Health Reform Plan

b. Home health aide services provided by a home health agency.

☐ Provided ☐ No limitations ☐ With limitations\*  
☒ Not Provided under the PRHIA Health Reform Plan

c. Medical supplies, equipment, and appliances suitable for use in the home.

☐ Provided ☐ No limitations ☐ With limitations\*  
☒ Not Provided under the PRHIA Health Reform Plan

\*Description provided on attachment.

TN No. 03-001A MAR 05 2004  
Supersedes 92-2 Approval Date                      Effective Date AUG 13 2003  
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State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

☐ Provided ☐ No limitations ☐ With limitations\*  
☒ Not Provided under the PRHIA Health Reform Plan

8. Private duty nursing services.

☐ Provided ☐ No limitations ☐ With limitations\*  
☒ Not Provided

\*Description provided on attachment.

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Supersedes 92-2  
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ATTACHMENT 3.1-A  
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AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

9. Clinic services.

  X   Provided             No limitations        X   With limitations\*

10. Dental services.

  X   Provided             No limitations        X   With limitations\*

11. Physical therapy and related services.

a. Physical therapy

  X   Provided             No limitations        X   With limitations\*

b. Occupational therapy

  X   Provided        X   No limitations             With limitations\*

c. Services for individuals with speech, hearing, and language disorders (provided  
by or under the supervision of a speech pathologist or audiologist)

  X   Provided        X   No limitations             With limitations\*

\*Description provided on attachment.

TN No. 03-001A      MAR 05 2004      AUG 13 2003  
Supersedes      Approval Date      Effective Date  
TN No. 85-3

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State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. Prescribed drugs, dentures, and prosthetic devices: and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

- a. Prescribed drugs

  X   Provided             No limitations        X   With limitations\*

- b. Dentures

       Provided             No limitations             With limitations\*

  X   Not Provided

- c. Prosthetic devices

  X   Provided             No limitations        X   With limitations\*

- d. Eyeglasses

       Provided             No limitations             With limitations\*

  X   Not Provided

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

- a. Diagnostic services

  X   Provided             No limitations        X   With limitations\*

\*Description provided on attachment.

TN No. 03-001A      AUG 13 2003  
Supersedes 85-3      Approval Date MAR 05 2004      Effective Date \_\_\_\_\_  
TN No. \_\_\_\_\_

**OFFICIAL**

State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Screening services

  X   Provided             No limitations        X   With limitations\*

c. Preventive services

  X   Provided             No limitations        X   With limitations\*

d. Rehabilitative services

  X   Provided             No limitations        X   With limitations\*

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

  X   Provided        X   No limitations             With limitations\*  
(Based on medical necessity-Law 408)

b. Skilled nursing facility services

       Provided             No limitations             With limitations\*  
  X   Not Provided

c. Intermediate care facility services

       Provided             No limitations             With limitations\*  
  X   Not Provided

\*Description provided on attachment.

TN No. D3-001A  
Supersedes 85-3  
TN No. 85-3  
Approval Date MAR 05 2004  
Effective Date AUG 13 2003



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AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

       Provided             No limitations             With limitations\*  
  X   Not Provided

- 15.b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

       Provided             No limitations             With limitations\*  
  X   Not Provided

16. Inpatient psychiatric facility services for individuals under 22 years of age.

  X   Provided        X   No limitations             With limitations\*  
(Based on medical necessity Law 408)

17. Nurse-midwife services.

       Provided             No limitations             With limitations\*  
  X   Not Provided

18. Hospice care (in accordance with section 1905(o) of the Act).

       Provided             No limitations             With limitations\*  
  X   Not Provided

\*Description provided on attachment.

TN No.

Supersedes

TN No.

**03-001A**

**87-1**

Approval Date **MAR 05 2004**

Effective Date **AUG 13 2003**

State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case management services and Tuberculosis related services
- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).
- X   Provided   X   With limitations\*  
      Not Provided
- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.
- X   Provided   X   With limitations\*  
      Not Provided
20. Extended services for pregnant women
- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60<sup>th</sup> day fall.
- X   Provided  
  X   Additional coverage ++
- b. Services for any medical conditions that may complicate pregnancy.
- X   Provided  
  X   Additional coverage ++
- ++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

\* Description provided on attachment. Post partum and pregnancy-related services after the pregnancy ends are covered beyond the 60<sup>th</sup> day if medically needed.

Services for any other medical conditions that may complicate pregnancy are provided without limitations.

TN No.

Supersedes

TN No.

03-501A  
95-1

Approval Date

MAR 05 2004

Effective Date

AUG 13 2003

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State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).

         Provided               No limitations               With limitations\*  
  X   Not Provided

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

         Provided               No limitations               With limitations\*  
  X   Not Provided

23. Pediatric or family nurse practitioners' services.

  X   Provided               No limitations        X   With limitations\*  
(According to our Health Plan coverage and state licensing laws - general nurse practitioners)

\*Description provided on attachment.

TN No. 03-001A      Approval Date MAR 05 2004      Effective Date AUG 13 2003  
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ATTACHMENT 3.1-A

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AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law,  
specified by the Secretary.

a. Transportation

  X   Provided        No limitations   X   With limitations\*

b. Services of Christian Science nurses

       Provided        No limitations        With limitations\*

  X   Not Provided

c. Care and services provided in Christian Science sanatoria

       Provided        No limitations        With limitations\*

  X   Not Provided

d. Nursing facility services for patients under 21 years of age.

       Provided        No limitations        With limitations\*

  X   Not Provided

e. Emergency hospital services

  X   Provided   X   No limitations        With limitations\*

f. Personal care services in recipient's home, prescribed in accordance with a plan of  
treatment and provided by a qualified person under supervision of a registered nurse

       Provided        No limitations        With limitations\*

  X   Not Provided

\*Description provided on attachment.

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AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

         Provided               No limitations               With limitations\*  
    X     Not Provided

\*Description provided on attachment.

TN No. 03-001A  
Supersedes 93-2 Approval Date MAR 05 2004 Effective Date AUG 13 2003  
TN No. 93-2